



Louisiana State University Health Sciences Center  
 Department of Pathology  
 1501 Kings Highway, Shreveport, LA 71103  
 Guillermo A Herrera, MD, Chairman

## AUTOPSY REPORT

Accession #: A18-38  
 Exp. Date: 2/16/2018  
 Received: 2/19/2018  
 Autopsy Date: 2/19/2018  
 Reported: 3/22/2018

Patient Name: HERRERA, A  
 Med. Rec. #: CPC-1838  
 DOB: 10/1/2013 (Age: 4)  
 Gender: F  
 Location: CPC - Caddo Parish Coroner  
 Billing #:

Ordering Physician:  
 Copy to:

Prosecutor: Yasir AlZubaidi, M.D.  
 Staff: Long Jin, M.D.

Post Mortem Hours: 70  
 Authorized By: Todd Thoma, M.D.  
 Relationship to Patient: Caddo Parish Coroner  
 Reason for Autopsy: Authorized by Coroner  
 Medical Examiner: Yes  
 Autopsy Restrictions: None

### Final Anatomic Diagnosis

- I. Bronchiolitis and bronchopneumonia
- II. Cardiomegaly (weight 122 grams, expected 73 grams)
- III. Small laceration at hymen and tiny tear at posterior fourchette
- IV. Status post postmortem organ procurement
  - A. Harvested organs including liver with gallbladder, kidneys with adrenal glands, and partial spleen
- V. Respirator brain

### Final Note

Given the historic and investigative materials, autopsy findings and toxicology result, the cause of death is determined to be bronchiolitis and bronchopneumonia. The manner of death is natural.

Diagnosis personally rendered by:  
 Long Jin, M.D.

Electronically Signed  
 Long Jin, M.D.

Technical performed by University Health Shreveport  
 1541 Kings Highway, Shreveport, LA 71103

Professional performed by LSUHSC-S Department of Pathology

HERRERA, A

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EXHIBIT

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## Autopsy Report

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**Clinical Summary**

The case comes recorded as a Caddo Parish Coroner's case. The deceased comes with a history of being found unresponsive at her residence. She had been seen and released from Willis Knighton Bossier for asthma attack at the earlier time of the day. Her medical history was significant for asthma and autism.

**Gross****External Description**

The deceased comes in a tagged and sealed body bag recorded as a 4-year-old black female, is 47.2 pounds by scale post organ procurement and is 3 feet 7 inches. No clothing or jewelry comes on or with the body. The identification tags are wrapped around the right big toe and left ankle. Lividity is present over the posterolateral aspect of the body with central sparing and is fixed. Rigor is broken. The body is cold to the touch. The head is normocephalic with black scalp hair attached to braided wig. The irides are brown and the pupils are equal, each measuring 0.4 cm in diameter. The corneas are clear. The sclerae and conjunctivae are pale and are free of petechiae. The nasal bridge is intact. The nares are patent. The frenulae are intact. The mucosa and tongue are free of injuries. The teeth are natural and are in a state of good repair. The external ears have no injuries. The body is status post postmortem organ procurement. The external genitalia are normally developed for the age. The anus is unremarkable. The extremities are symmetric. The nails are in median length. Passive motion of the neck, shoulders, elbows, wrists, fingers, knees and ankles fails to elicit any bony crepitus or abnormal motion.

**Evidence of Therapeutic Intervention**

The left nostril contains a nasogastric tube with the tip at the gastric lumen. An intravascular access is present in the right antecubital fossa. A triple lumen catheter is present at right inguinal area. A Foley catheter is in place.

**Evidence of Injury**

There is a small vertical laceration at the 12 clock position of the hymen. A tiny tear is present at the posterior fourchette.

**Internal Examination**

The body and head are opened in the usual autopsy fashion.

**Body Cavities:** The muscles of the chest and abdominal wall are normal in color and consistency. The lungs are collapsed when the pleural cavities are opened. The clavicles, ribs, sternum and spine reveal no fractures. The right and left pleural cavities do not have adhesions. The mediastinum is in the midline. The diaphragm has no abnormalities. The subcutaneous fat measures 0.6 cm in thickness at the umbilicus. The abdominal cavity is lined with glistening serosa.

**Neck:** The soft tissue and the strap muscles of the neck have no hemorrhage. The hyoid bone and the cartilages of the larynx and thyroid are intact and show no evidence of injury. The larynx and the trachea are lined by smooth pink-tan mucosa, are patent and contain no foreign matter. The epiglottis and the vocal cords are unremarkable. The cervical vertebral column is intact. The carotid arteries and the jugular veins are unremarkable.

**Cardiovascular System:** The heart contains the normal amount of blood, is of the usual configuration and weighs 122 grams (expected 73 grams). The right and left ventricles measure 0.2 cm and 0.8 cm, respectively. The endocardial surfaces are smooth and glistening. The valve leaflets are thin and delicate. The tricuspid, pulmonic, mitral and aortic valves measure 6.1 cm, 4.6 cm, 5.5 cm and 3.3 cm, respectively. The coronary ostia are in their usual location and are patent. They give rise to normally distributed, patent arteries. The foramen ovale is closed. There are no septal defects. The ductus arteriosus is closed. The cut surfaces of the red-brown myocardium have no hemorrhage or scars. The pulmonary trunk is of normal caliber and contains no thromboemboli. The intimal surface of the aorta is smooth. Coarctation is absent. The inferior vena cava contains no ante-mortem clots.

**Respiratory System:** The lungs are in their usual locations and weigh 116 grams and 106 grams, right and left, respectively. The pleural surfaces are variegated pink and red and are thin and free of exudates. The bronchi are of

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normal distribution and are lined with smooth epithelium. The cut surfaces of the lung parenchyma are dark red, congested and exude minimal amounts of tan, frothy fluid upon compression. No neoplasm or calcification is seen.

**Hepatobiliary System:** The liver with gallbladder is harvested.

**Reticuloendothelial System:** The thymus is 11 grams. The residual spleen is 43 grams. The capsule is smooth, and shiny. The cut surfaces are dark red, soft and congested.

**Gastrointestinal System:** The esophagus is empty and shows a normal appearing mucosal surface and wall thickness. The stomach contains rare mucus. The underlying gastric mucosa and wall are without unusual features. Examination of the small and large intestine are without unusual features. The appendix is identified. The pancreas lies in its normal retroperitoneal location and, on cut section, shows a tan-white homogeneous parenchyma.

**Endocrine System:** The adrenal glands are harvested. The thyroid gland is dark red, glistening and has no gross alterations.

**Genitourinary System:** The kidneys are harvested. The urinary bladder is empty. The uterus, ovaries and fallopian tubes are unremarkable.

**Musculoskeletal System:** There is no congenital bony defect. The ribs, sternum, clavicles, pelvis and vertebral column have no fractures. The examined muscles have a usual color and consistency.

**Central Nervous System:** The scalp has no hemorrhage or contusions. The calvarium is intact. There is no epidural, subdural or subarachnoid hemorrhage. The brain is swollen and soft, and is 1221 grams. The meninges are clear. The cortical surfaces of the brain are flattened. The cut surfaces of the brain reveal no intraparenchymal hemorrhage or evidence of neoplasm. There are no fractures at the base of the skull. The dura mater is free of stains and discoloration.

**Retained specimens include** admission blood, vitreous, bloodstain card and representative sections of each organ preserved in 10% buffered formalin solution.

**Representative tissue sections** are submitted as follows.

- A – heart
- B & C – right and left lung
- D – spleen, GE junction and pancreas
- E – brain

### Microscopic

**Heart (A):** Four sections of heart reveal mildly hypertrophy.

**Right and left lung (B & C):** Four sections of the lungs reveal bronchiolitis and bronchopneumonia. Some bronchial wall is thickened with inflammatory infiltrates including eosinophil, plasma cells and lymphocyte; the smooth muscle in the wall is hypertrophied, consistent with asthma. There are numerous macrophages inside the alveolar spaces.

**Spleen, GE junction & pancreas (D):** One section of spleen reveals increased number of eosinophils. One section of GE junction reveals vascular congestion with focal submucosal hemorrhage. One section of pancreas reveals no significant histopathologic change.

**Brain (E):** Two sections of brain reveal mild vascular congestion.

### Procedures/Addenda

**Provisional Anatomic Diagnosis**

**Date Ordered:** 2/19/2018

**Status:** Signed Out

**Date Reported:** 2/19/2018

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Provisional Anatomic Diagnosis

YA/LJ:sf (02/19/2018)

- I. Clinical history of asthma and upper respiratory infection
- II. Cardiomegaly (weight 122 grams, expected 73 grams)
- III. No evidence of significant trauma
- IV. Status post postmortem organ procurement
  - A. Harvested organs including liver with gallbladder, kidneys with adrenal glands, and partial spleen
- V. Respirator brain
- VI. Pending further studies

Procedure diagnosis personally rendered by: Long Jin, M.D.	Procedure Electronically Signed Long Jin, M.D.
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## Autopsy - Neuro

Date Ordered: 2/19/2018  
Date Reported: 3/22/2018

Status: Signed Out

Gross /Micro Neuropath Description

The gross and microscopic description of the brain is included in the main autopsy report.

Procedure diagnosis personally rendered by: Long Jin, M.D.	Procedure Electronically Signed Long Jin, M.D.
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**NMS Labs****CONFIDENTIAL**

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Robert A. Middleberg, PhD, F-ABFT, DABCC-TC, Laboratory Director

**Toxicology Report**

Report Issued 02/27/2018 13:11

To: 10249  
 LSUHSC Pathology Outreach Services  
 Attn: Dr James G. Traylor, Jr.  
 1501 Kings Highway RM G-310  
 Shreveport, LA 71130

Patient Name H [REDACTED] A [REDACTED]  
 Patient ID A18-38  
 Chain 18051997  
 Age 4 Y DOB 10/01/2013  
 Gender Female  
 Workorder 18051997

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**Positive Findings:**

None Detected

See Detailed Findings section for additional information

**Testing Requested:**

Analysis Code	Description
8052B	Postmortem, Expanded, Blood (Forensic)

**Specimens Received:**

ID	Tube/Container	Volume/ Mass	Collection Date/Time	Matrix Source	Miscellaneous Information
001	Blue Vial	2.75 mL	02/14/2018	Peripheral Blood	TIME ON SAMPLE 0810
002	Blue Vial	1.75 mL	02/14/2018	Peripheral Blood	TIME ON SAMPLE 0810
003	Pink Vial	0.375 mL	02/14/2018	Peripheral Blood	TIME ON SAMPLE 0810
004	Blue Vial	2.75 mL	02/14/2018 20:10	Peripheral Blood	

All sample volumes/weights are approximations.

Specimens received on 02/20/2018.



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Workorder 18051997  
Chain 18051997  
Patient ID A18-38

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**Detailed Findings:**

Examination of the specimen(s) submitted did not reveal any positive findings of toxicological significance by procedures outlined in the accompanying Analysis Summary.

Unless alternate arrangements are made by you, the remainder of the submitted specimens will be discarded one (1) year from the date of this report; and generated data will be discarded five (5) years from the date the analyses were performed.

Workorder 18051997 was electronically  
signed on 02/27/2018 12:12 by:

Erik Flail, B.A.  
Certifying Scientist

**Analysis Summary and Reporting Limits:**

All of the following tests were performed for this case. For each test, the compounds listed were included in the scope. The Reporting Limit listed for each compound represents the lowest concentration of the compound that will be reported as being positive. If the compound is listed as None Detected, it is not present above the Reporting Limit. Please refer to the Positive Findings section of the report for those compounds that were identified as being present.

Acode 8052B - Postmortem, Expanded, Blood (Forensic) - Peripheral Blood

-Analysis by Enzyme-Linked Immunosorbent Assay (ELISA) for:

<u>Compound</u>	<u>Rpt. Limit</u>	<u>Compound</u>	<u>Rpt. Limit</u>
Barbiturates	0.040 mcg/mL	Salicylates	120 mcg/mL
Cannabinoids	10 ng/mL		

-Analysis by Headspace Gas Chromatography (GC) for:

<u>Compound</u>	<u>Rpt. Limit</u>	<u>Compound</u>	<u>Rpt. Limit</u>
Acetone	5.0 mg/dL	Isopropanol	5.0 mg/dL
Ethanol	10 mg/dL	Methanol	5.0 mg/dL

-Analysis by High Performance Liquid  
Chromatography/Time of

Flight-Mass Spectrometry (LC/TOF-MS) for: The following is a general list of compound classes included in this screen. The detection of any specific analyte is concentration-dependent. Note, not all known analytes in each specified compound class are included. Some specific analytes outside these classes are also included. For a detailed list of all analytes and reporting limits, please contact NMS Labs.

Amphetamines, Anticonvulsants, Antidepressants, Antihistamines, Antipsychotic Agents, Benzodiazepines, CNS Stimulants, Cocaine and Metabolites, Hallucinogens, Hypnotics, Hypoglycemics, Muscle Relaxants, Non-Steroidal Anti-Inflammatory Agents, Opiates and Opioids.